ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

WISCONSIN

Part 2

MINERAL POINT to WYOCENA

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

WISCONSIN

Part 2

MINERAL POINT TO WYOCENA

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

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Administrator
Health Care Financing Administration

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

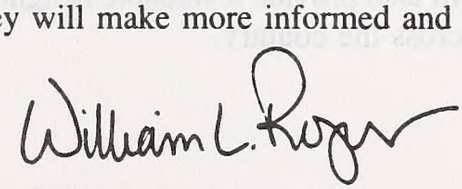
This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.



William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

State of Wisconsin \ DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH
MAIL ADDRESS:
1 WEST WILSON STREET
P.O. BOX 309
MADISON, WI 53701-0309

Overview of Nursing Home Licensure Program

Wisconsin's Department of Health and Social Services through its Bureau of Quality Compliance within the Division of Health, conducts annual licensure surveys at 466 nursing homes. Additionally, the Bureau conducts verification visits to assure correction of violations, annually investigates approximately 1,000 nursing home complaints, and makes off-cycle visits to targeted facilities (i.e., visits off-hours and outside the annual survey cycle).

Overview of Enforcement Program

Chapter 50 of the Wisconsin Statutes provides for a variety of nursing home enforcement sanctions including citing notices of violation, assessing civil forfeitures, receivership, placing monitors in facilities, removal of residents, issuance of conditional licenses, and suspension or revocation of nursing home licenses.

State violations are classed as A (a violation presenting a substantial probability of death or serious mental or physical harm to a resident), B (a violation directly threatening the health, safety or welfare of a resident) and C (a violation not directly threatening health, safety or welfare of a resident). The statute states that "each day of violation constitutes a separate violation and that Class A violations must be cited immediately with an imposed plan of correction.

Wisconsin's most frequently used sanction is the civil forfeiture. Chapter 50 provides that a Class A violation is subject to a forfeiture of $5,000 for each violation, a Class B violation is eligible for $1,000 for each violation and a Class C is eligible for $100 for each violation. The statute also has special forfeiture provisions for staffing violations and a "tripling" provision for repeat A and B violations. Forfeitures are assessed based on the four factors of gravity of violation, "good faith" exercised by the facility, previous violations, and financial benefit for committing or continuing the violation.

Conditional licenses may be issued to a nursing home if class A or B violations are found to "continue to exist." Suspension or revocation of license may result from "substantial failure" to comply with rules or statute. Resident removal may be used if a facility is operating without a license, a license has been suspended or revoked or such action has been initiated, the facility requests assistance with resident removal, the facility is closing, or an emergency is determined to exist.

Chapter 50 permits placement of a monitor in the facility to observe the operation and advise on how to comply with state regulations. Finally, the statute also provides for appointment of a receiver to "contribute to the continuity of care or the orderly and safe transfer of residents in the facility."

Resources Available to Consumers

State Licensure

The Bureau of Quality Compliance (BQC) is responsible for monitoring institutional and home health services in the State of Wisconsin. The Bureau is a unit of the Division of Health in the Department of Health and Social Services. The Bureau carries out its responsibilities through rule development, on-site surveys, complaint investigations, and enforcement.

Contact: Larry Tainter, Director
Bureau of Quality Compliance
Division of Health
P.O. Box 309
Madison WI 53701
Telephone: (608) 267-7185

Ombudsman Program

The Board on Aging and Long Term Care is the Wisconsin ombudsman program. The Board on Aging and Long Term Care investigates improper treatment of aged or disabled person receiving long-term care, monitors development of federal, state and local laws relating to long-term care, and promotes public awareness and voluntary acts to resolve problems and improve conditions involving long-term care.

Contact: George Potaracke
Executive Director
Board on Aging and Long Term Care
122 E. Dayton Street
Madison WI 53703
Telephone: (608) 266-8945

Complaint Unit

Nursing home complaints are investigated by the Bureau of Quality Compliance, Division of Health.

Contact: Nadene Dreher
Bureau of Quality Compliance
Division of Health
P.O. Box 309
Madison WI 53701
Telephone: (608) 266-7345

Medicaid Fraud and Abuse Unit

Allegations of Medicaid fraud or abuse are investigated by the Medicaid Fraud Control Unit in the Wisconsin Department of Justice.

Contact: James C. McKay, Jr., Director
Medicaid Fraud Control Unit
Department of Justice
P.O. Box 7857
Madison WI 53703
Telephone: (608) 267-7292

State Office on Aging

The Bureau of Aging is a unit of the Division of Community Services, Department of Health and Social Services. The Bureau on Aging is the single state agency for Title III of the Older Americans Act, oversees a county aging network, and promotes public policies to help aging populations.

Contact: Donna McDowell, Director
Room 453
217 South Hamilton Street
MADISON WI 53703
Telephone: (608) 266-2536

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
MINERAL POINT LIVING CENTER

Street Address:	City and State:		
109 NORTH IOWA STREET	MINERAL POINT WI 53565		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	89	NON-PROFIT RELIGIOUS	01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	75.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	76.9	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	67.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	63.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	53.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	18.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	36	55.4	46.9	50.8
Residents requiring restraints.	27	41.5	41.4	41.3
Confused or disoriented residents.	40	61.5	53.3	58.4
Residents with bed sores.	3	4.6	5.6	7.1
Residents receiving special skin care.	7	10.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICAN LUTHERAN HOMES MONDOVI UNIT

Street Address:		City and State:	
158 EAST MAIN		MONDOVI WI 54755	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	55	NON-PROFIT RELIGIOUS	07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	96.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	90.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	70.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	79.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	50.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	20.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	8	14.8	46.9	50.8
Residents requiring restraints.	19	35.2	41.4	41.3
Confused or disoriented residents.	26	48.1	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	22	40.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL MANOR

Street Address:		City and State:	
200 MEMORIAL DRIVE		MONDOVI WI 54755	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	119	NON-PROFIT OTHER	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	70.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	77.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	63.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	71.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	58.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	22.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	31	36.5	46.9	50.8
Residents requiring restraints.	27	31.8	41.4	41.3
Confused or disoriented residents.	50	58.8	53.3	58.4
Residents with bed sores.	2	2.4	5.6	7.1
Residents receiving special skin care.	55	64.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONROE MANOR NH

Street Address:		City and State:	
516 26 AVE		MONROE WI 53566	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	1	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	98.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	86	98.9	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	84	96.6	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	96.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	90.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	27.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	82	94.3	46.9	50.8
Residents requiring restraints.	56	64.4	41.4	41.3
Confused or disoriented residents.	62	71.3	53.3	58.4
Residents with bed sores.	3	3.4	5.6	7.1
Residents receiving special skin care.	44	50.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT VIEW NURSING HOME

Street Address:		City and State:	
P O BOX 768		MONROE WI 53566	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	196	LOCAL GOVERNMENT	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
183	3	122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	175	95.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	171	93.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	137	74.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	76.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	71.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	76	41.5	29.3	37.7
Completely bedfast residents.	1	0.5	1.1	3.4
Residents confined to chairs.	98	53.6	46.9	50.8
Residents requiring restraints.	118	64.5	41.4	41.3
Confused or disoriented residents.	114	62.3	53.3	58.4
Residents with bed sores.	6	3.3	5.6	7.1
Residents receiving special skin care.	20	10.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTELLO CARE CENTER

Street Address:		City and State:	
251 FOREST LANE		MONTELLO WI 53949	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	62	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	76.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	79.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	72.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	81.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	62.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	23.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	41	69.5	46.9	50.8
Residents requiring restraints.	26	44.1	41.4	41.3
Confused or disoriented residents.	33	55.9	53.3	58.4
Residents with bed sores.	2	3.4	5.6	7.1
Residents receiving special skin care.	5	8.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA LORETTO NURSING HOME

Street Address:		City and State:	
		MOUNT CALVARY WI 53057	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	52	NON-PROFIT RELIGIOUS	04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	81.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	79.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	68.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	75.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	41.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	35.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	30	62.5	46.9	50.8
Residents requiring restraints.	25	52.1	41.4	41.3
Confused or disoriented residents.	22	45.8	53.3	58.4
Residents with bed sores.	1	2.1	5.6	7.1
Residents receiving special skin care.	2	4.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INGLESIDE INC

Street Address:	City and State:		
407 N 8TH STREET	MOUNT HOREB WI 53572		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	119	PROPRIETARY	04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	2	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	83.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	83.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	68.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	67.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	63.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	44.8	29.3	37.7
Completely bedfast residents.	2	1.7	1.1	3.4
Residents confined to chairs.	44	37.9	46.9	50.8
Residents requiring restraints.	64	55.2	41.4	41.3
Confused or disoriented residents.	65	56.0	53.3	58.4
Residents with bed sores.	2	1.7	5.6	7.1
Residents receiving special skin care.	42	36.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE RIVERDALE MANOR

Street Address:	City and State:		
1000 N WISCONSIN AVE	MUSCODA WI 53573		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	1	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	85.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	64.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	88.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	45.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	16.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	41	60.3	46.9	50.8
Residents requiring restraints.	35	51.5	41.4	41.3
Confused or disoriented residents.	52	76.5	53.3	58.4
Residents with bed sores.	5	7.4	5.6	7.1
Residents receiving special skin care.	2	2.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MUSKEGO NURSING HOME

Street Address:		City and State:	
S77 WI8690 JANESVILLE RD		MUSKEGO WI 53150	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	49	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	75.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	89.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	75.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	69.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	69.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	32.7	29.3	37.7
Completely bedfast residents.	4	8.2	1.1	3.4
Residents confined to chairs.	26	53.1	46.9	50.8
Residents requiring restraints.	18	36.7	41.4	41.3
Confused or disoriented residents.	24	49.0	53.3	58.4
Residents with bed sores.	6	12.2	5.6	7.1
Residents receiving special skin care.	19	38.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLHAVEN CARE CENTER

Street Address:		City and State:	
125 BYRD AVE		NEENAH WI 54956	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	164	PROPRIETARY	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
161	0	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	93.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	144	89.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	131	81.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	85.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	50.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	6	3.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	18.6	29.3	37.7
Completely bedfast residents.	1	0.6	1.1	3.4
Residents confined to chairs.	116	72.0	46.9	50.8
Residents requiring restraints.	25	15.5	41.4	41.3
Confused or disoriented residents.	103	64.0	53.3	58.4
Residents with bed sores.	12	7.5	5.6	7.1
Residents receiving special skin care.	21	13.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEILLSVILLE MEMORIAL HOME

Street Address:		City and State:	
216 SUNSET PLACE		NEILLSVILLE WI 54456	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	176	NON-PROFIT OTHER	04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
170	0	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	76.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	142	83.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	128	75.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	100	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	75.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	34.7	29.3	37.7
Completely bedfast residents.	6	3.5	1.1	3.4
Residents confined to chairs.	119	70.0	46.9	50.8
Residents requiring restraints.	68	40.0	41.4	41.3
Confused or disoriented residents.	107	62.9	53.3	58.4
Residents with bed sores.	5	2.9	5.6	7.1
Residents receiving special skin care.	124	72.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW GLARUS HOME

Street Address:		City and State:	
700 2ND AVENUE		NEW GLARUS WI 53574	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	97	NON-PROFIT OTHER	05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	80.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	67.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	72.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	68.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	35	39.8	46.9	50.8
Residents requiring restraints.	40	45.5	41.4	41.3
Confused or disoriented residents.	49	55.7	53.3	58.4
Residents with bed sores.	3	3.4	5.6	7.1
Residents receiving special skin care.	18	20.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALUMET HOMESTEAD

Street Address:		City and State:	
1712 MONROE STREET		NEW HOLSTEIN WI 53061	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	104	LOCAL GOVERNMENT	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	86.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	94.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	72.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	79.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	69.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	29.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	59	57.8	46.9	50.8
Residents requiring restraints.	36	35.3	41.4	41.3
Confused or disoriented residents.	55	53.9	53.3	58.4
Residents with bed sores.	6	5.9	5.6	7.1
Residents receiving special skin care.	62	60.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOWDALE NURSING HOME

Street Address:		City and State:	
1610 HOOVER STREET		NEW HOLSTEIN WI 53061	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	51	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	64.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	77.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	62.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	68.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	46.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	11.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	16	35.6	46.9	50.8
Residents requiring restraints.	17	37.8	41.4	41.3
Confused or disoriented residents.	16	35.6	53.3	58.4
Residents with bed sores.	4	8.9	5.6	7.1
Residents receiving special skin care.	4	8.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT ACRES

Street Address:		City and State:	
R R 1		NEW LISBON WI 53950	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	70	LOCAL GOVERNMENT	04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	94.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	85.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	85.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	100	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	82.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	53	79.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	29.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	33	49.3	46.9	50.8
Residents requiring restraints.	30	44.8	41.4	41.3
Confused or disoriented residents.	40	59.7	53.3	58.4
Residents with bed sores.	8	11.9	5.6	7.1
Residents receiving special skin care.	45	67.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPH RESIDENCE

Street Address:		City and State:	
1925 DIVISION STREET		NEW LONDON WI 54961	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	107	NON-PROFIT RELIGIOUS	07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
105	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	76.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	87.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	90.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	90.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	77.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	28	26.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	64.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	56	53.3	46.9	50.8
Residents requiring restraints.	50	47.6	41.4	41.3
Confused or disoriented residents.	58	55.2	53.3	58.4
Residents with bed sores.	4	3.8	5.6	7.1
Residents receiving special skin care.	24	22.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE MANOR NURSING HOME

Street Address:		City and State:	
505 WEST 8TH STREET		NEW RICHMOND WI 54017	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	2	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	94.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	90.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	94.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	73.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	94.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	5	9.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	32.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	28	52.8	46.9	50.8
Residents requiring restraints.	18	34.0	41.4	41.3
Confused or disoriented residents.	0	0.0	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	0	0.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST CROIX HEALTH CENTER

Street Address:		City and State:	
ROUTE #5, BOX 33A		NEW RICHMOND WI 54017	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	163	LOCAL GOVERNMENT	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
148	0	141

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	60.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	54.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	45.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	64.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	50.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	16.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	31	20.9	46.9	50.8
Residents requiring restraints.	48	32.4	41.4	41.3
Confused or disoriented residents.	112	75.7	53.3	58.4
Residents with bed sores.	3	2.0	5.6	7.1
Residents receiving special skin care.	99	66.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARYHILL MANOR INC

Street Address:		City and State:	
973 MAIN STREET		NIAGARA WI 54151	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	49	NON-PROFIT OTHER	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	60.5	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	65.1	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	51.2	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	53.5	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	58.1	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	14.0	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	24	55.8	12.8	39.1
Residents requiring restraints.	18	41.9	20.7	31.7
Confused or disoriented residents.	15	34.9	36.0	55.8
Residents with bed sores.	1	2.3	2.5	4.7
Residents receiving special skin care.	8	18.6	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHOREHAVEN NURSING HOME

Street Address:	City and State:		
1306 WEST WISCONSIN AVENUE	OCONOMOWOC WI 53066		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	242	NON-PROFIT OTHER	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
232	0	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	180	77.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	195	84.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	193	83.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	180	77.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	187	80.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	1.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	76	32.8	29.3	37.7
Completely bedfast residents.	3	1.3	1.1	3.4
Residents confined to chairs.	137	59.1	46.9	50.8
Residents requiring restraints.	93	40.1	41.4	41.3
Confused or disoriented residents.	158	68.1	53.3	58.4
Residents with bed sores.	17	7.3	5.6	7.1
Residents receiving special skin care.	38	16.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FALLS NH EAST

Street Address:		City and State:	
855 S MAIN ST		OCONTO FALLS WI 54154	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	42	PROPRIETARY	06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	71.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	69.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	66.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	66.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	59.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	30.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	16	41.0	46.9	50.8
Residents requiring restraints.	6	15.4	41.4	41.3
Confused or disoriented residents.	22	56.4	53.3	58.4
Residents with bed sores.	4	10.3	5.6	7.1
Residents receiving special skin care.	23	59.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FALLS NURSING HOME-WEST

Street Address:		City and State:	
P O BOX 985		OCONTO FALLS WI 54154	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	73	PROPRIETARY	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	97.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	93.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	94.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	67.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	52.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	38.0	29.3	37.7
Completely bedfast residents.	3	4.2	1.1	3.4
Residents confined to chairs.	38	53.5	46.9	50.8
Residents requiring restraints.	21	29.6	41.4	41.3
Confused or disoriented residents.	61	85.9	53.3	58.4
Residents with bed sores.	1	1.4	5.6	7.1
Residents receiving special skin care.	65	91.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE NURSING HOME

Street Address:		City and State:	
100 SCHERER AVENUE		OCONTO WI 54153	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	93.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	87.9	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	33.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	68.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	60.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	30.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	68	68.7	46.9	50.8
Residents requiring restraints.	51	51.5	41.4	41.3
Confused or disoriented residents.	41	41.4	53.3	58.4
Residents with bed sores.	5	5.1	5.6	7.1
Residents receiving special skin care.	53	53.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OMRO CARE CENTER

Street Address:	City and State:		
500 S GRANT AVENUE	OMRO WI 54963		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	124	PROPRIETARY	06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	1	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	93.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	49.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	81.6	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	74.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	48.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	27.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	36	31.6	46.9	50.8
Residents requiring restraints.	48	42.1	41.4	41.3
Confused or disoriented residents.	53	46.5	53.3	58.4
Residents with bed sores.	9	7.9	5.6	7.1
Residents receiving special skin care.	26	22.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ONALASKA CARE CENTER

Street Address:		City and State:	
1600 MAIN STREET		ONALASKA WI 54601	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	112	PROPRIETARY	05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	78.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	80.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	65.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	62.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	62.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	12	11.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	30.3	29.3	37.7
Completely bedfast residents.	1	0.9	1.1	3.4
Residents confined to chairs.	58	53.2	46.9	50.8
Residents requiring restraints.	48	44.0	41.4	41.3
Confused or disoriented residents.	79	72.5	53.3	58.4
Residents with bed sores.	2	1.8	5.6	7.1
Residents receiving special skin care.	32	29.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANNA JOHN NURSING HOME

Street Address:	City and State:		
P O BOX 365	ONEIDA WI 54153		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT OTHER	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	65.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	56.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	70.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	68.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	70.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	22.7	29.3	37.7
Completely bedfast residents.	1	2.3	1.1	3.4
Residents confined to chairs.	15	34.1	46.9	50.8
Residents requiring restraints.	20	45.5	41.4	41.3
Confused or disoriented residents.	18	40.9	53.3	58.4
Residents with bed sores.	3	6.8	5.6	7.1
Residents receiving special skin care.	1	2.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OREGON MANOR LTD

Street Address:	City and State:		
354 NORTH MAIN STREET	OREGON WI 53575		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	45	NON-PROFIT OTHER	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	84.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	80.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	71.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	68.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	73.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	22	48.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	25	55.6	46.9	50.8
Residents requiring restraints.	21	46.7	41.4	41.3
Confused or disoriented residents.	30	66.7	53.3	58.4
Residents with bed sores.	2	4.4	5.6	7.1
Residents receiving special skin care.	17	37.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
L O SIMENSTAD NURSING CARE UNIT

Street Address:		City and State:	
301 RIVER STREET		OSCEOLA WI 54020	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	40	NON-PROFIT PRIVATE	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	95.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	95.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	67.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	65.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	67.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	27.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	16	40.0	46.9	50.8
Residents requiring restraints.	14	35.0	41.4	41.3
Confused or disoriented residents.	12	30.0	53.3	58.4
Residents with bed sores.	1	2.5	5.6	7.1
Residents receiving special skin care.	12	30.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHEL HOME INC

Street Address:	City and State:		
225 NORTH EAGLE STREET	OSHKOSH WI 54901		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	200	NON-PROFIT RELIGIOUS	09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
197	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	157	79.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	158	80.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	139	70.6	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	84.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	120	60.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	5	2.5	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	34.0	29.3	37.7
Completely bedfast residents.	1	0.5	1.1	3.4
Residents confined to chairs.	104	52.8	46.9	50.8
Residents requiring restraints.	64	32.5	41.4	41.3
Confused or disoriented residents.	106	53.8	53.3	58.4
Residents with bed sores.	13	6.6	5.6	7.1
Residents receiving special skin care.	26	13.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN MANOR

Street Address:		City and State:	
1130 NORTH WESTFIELD		OSHKOSH WI 54901	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	106	NON-PROFIT RELIGIOUS	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
103	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	81.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	82.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	67.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	57.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	24.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	36	35.0	46.9	50.8
Residents requiring restraints.	34	33.0	41.4	41.3
Confused or disoriented residents.	44	42.7	53.3	58.4
Residents with bed sores.	3	2.9	5.6	7.1
Residents receiving special skin care.	0	0.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OSHKOSH CARE CENTER

Street Address:	City and State:		
1850 BOWEN ST	OSHKOSH WI 54901		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	186	PROPRIETARY	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
180	11	122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	85.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	163	90.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	138	76.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	75.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	72.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	18	10.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	46.7	29.3	37.7
Completely bedfast residents.	6	3.3	1.1	3.4
Residents confined to chairs.	99	55.0	46.9	50.8
Residents requiring restraints.	102	56.7	41.4	41.3
Confused or disoriented residents.	117	65.0	53.3	58.4
Residents with bed sores.	9	5.0	5.6	7.1
Residents receiving special skin care.	22	12.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OSSEO AREA MUN HOSP AND NH

Street Address:		City and State:	
674 EIGHTH STREET		OSSEO WI 54758	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	90	LOCAL GOVERNMENT	11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	5	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	83.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	86.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	80.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	78.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	64.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	41.5	29.3	37.7
Completely bedfast residents.	3	4.6	1.1	3.4
Residents confined to chairs.	26	40.0	46.9	50.8
Residents requiring restraints.	26	40.0	41.4	41.3
Confused or disoriented residents.	30	46.2	53.3	58.4
Residents with bed sores.	7	10.8	5.6	7.1
Residents receiving special skin care.	16	24.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARK COUNTY HEALTH CARE CENTER

Street Address:		City and State:	
HWY 29 EAST		OWEN WI 54460	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	253	LOCAL GOVERNMENT	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
251	0	231

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	160	63.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	132	52.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	45.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	41.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	39.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	47	18.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	18.3	29.3	37.7
Completely bedfast residents.	1	0.4	1.1	3.4
Residents confined to chairs.	45	17.9	46.9	50.8
Residents requiring restraints.	105	41.8	41.4	41.3
Confused or disoriented residents.	90	35.9	53.3	58.4
Residents with bed sores.	3	1.2	5.6	7.1
Residents receiving special skin care.	53	21.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK MANOR

Street Address:		City and State:	
250 LAWRENCE AVE		PARK FALLS WI 54552	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	171	PROPRIETARY	10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
154	0	131

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	128	83.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	64.9	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	96	62.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	59.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	59.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	40.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	35	22.7	46.9	50.8
Residents requiring restraints.	57	37.0	41.4	41.3
Confused or disoriented residents.	89	57.8	53.3	58.4
Residents with bed sores.	1	0.6	5.6	7.1
Residents receiving special skin care.	127	82.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PEPIN MANOR

Street Address:	City and State:		
2ND AND LOCUST STREETS	PEPIN WI 54759		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	100	PROPRIETARY	09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	80.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	77.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	60.6	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	70.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	68.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	24.5	29.3	37.7
Completely bedfast residents.	1	1.1	1.1	3.4
Residents confined to chairs.	27	28.7	46.9	50.8
Residents requiring restraints.	23	24.5	41.4	41.3
Confused or disoriented residents.	40	42.6	53.3	58.4
Residents with bed sores.	5	5.3	5.6	7.1
Residents receiving special skin care.	4	4.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENVIEW NURSING HOME

Street Address:		City and State:	
P.O. BOX 175		PESHTIGO WI 54157	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	77	PROPRIETARY	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	66.7	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	65.1	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	60.3	40.3	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	54.0	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	73.0	42.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.6	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	27.0	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	24	38.1	12.8	39.1
Residents requiring restraints.	19	30.2	20.7	31.7
Confused or disoriented residents.	35	55.6	36.0	55.8
Residents with bed sores.	8	12.7	2.5	4.7
Residents receiving special skin care.	12	19.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE VIEW HEALTH CARE CTR-MAIN BLDG

Street Address:	City and State:		
P O BOX 127	PESHTIGO WI 54157		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	155	LOCAL GOVERNMENT	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
152	0	136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	62.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	67.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	55.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	46.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	59.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	30	19.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	27.6	29.3	37.7
Completely bedfast residents.	2	1.3	1.1	3.4
Residents confined to chairs.	62	40.8	46.9	50.8
Residents requiring restraints.	50	32.9	41.4	41.3
Confused or disoriented residents.	100	65.8	53.3	58.4
Residents with bed sores.	5	3.3	5.6	7.1
Residents receiving special skin care.	21	13.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RENNES HEALTH CENTER

Street Address:		City and State:	
501 N LAKE PO BOX 147		PESHTIGO WI 54157	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	144	PROPRIETARY	07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
142	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	129	90.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	135	95.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	119	83.8	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	81.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	59.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	25.4	29.3	37.7
Completely bedfast residents.	3	2.1	1.1	3.4
Residents confined to chairs.	47	33.1	46.9	50.8
Residents requiring restraints.	32	22.5	41.4	41.3
Confused or disoriented residents.	60	42.3	53.3	58.4
Residents with bed sores.	10	7.0	5.6	7.1
Residents receiving special skin care.	81	57.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER HILLS WEST HEALTH CARE CENTER

Street Address:		City and State:	
321 RIVERSIDE DRIVE		PEWAUKEE WI 53072	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	248	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
244	5	181

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	219	89.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	220	90.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	196	80.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	202	82.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	184	75.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	0.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	27.5	29.3	37.7
Completely bedfast residents.	2	0.8	1.1	3.4
Residents confined to chairs.	100	41.0	46.9	50.8
Residents requiring restraints.	110	45.1	41.4	41.3
Confused or disoriented residents.	133	54.5	53.3	58.4
Residents with bed sores.	26	10.7	5.6	7.1
Residents receiving special skin care.	58	23.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LILLIAN E KERR NURSING HOME

Street Address:		City and State:	
PO BOX 26		PHELPS WI 54554	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	81	NON-PROFIT OTHER	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	92.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	92.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	76.6	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	72.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	67.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	44.2	29.3	37.7
Completely bedfast residents.	1	1.3	1.1	3.4
Residents confined to chairs.	10	13.0	46.9	50.8
Residents requiring restraints.	42	54.5	41.4	41.3
Confused or disoriented residents.	45	58.4	53.3	58.4
Residents with bed sores.	5	6.5	5.6	7.1
Residents receiving special skin care.	20	26.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT VIEW NURSING HOME

Street Address:		City and State:	
PETERSON DRIVE		PHILLIPS WI 54555	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	86	NON-PROFIT OTHER	05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	85.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	70.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	57.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	77.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	25.0	29.3	37.7
Completely bedfast residents.	1	1.2	1.1	3.4
Residents confined to chairs.	47	58.7	46.9	50.8
Residents requiring restraints.	48	60.0	41.4	41.3
Confused or disoriented residents.	48	60.0	53.3	58.4
Residents with bed sores.	2	2.5	5.6	7.1
Residents receiving special skin care.	70	87.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIGEON FALLS NURSING HOME

Street Address:	City and State:		
P O BOX 195 CHURCH STREET	PIGEON FALLS WI 54760		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	41	PROPRIETARY	08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	87.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	85.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	67.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	52.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	47.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	67.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	27	67.5	46.9	50.8
Residents requiring restraints.	7	17.5	41.4	41.3
Confused or disoriented residents.	15	37.5	53.3	58.4
Residents with bed sores.	2	5.0	5.6	7.1
Residents receiving special skin care.	24	60.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAYS NURSING HOME

Street Address:	City and State:		
555 NORTH CHESTNUT STREET	PLATTEVILLE WI 53818		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	20	PROPRIETARY	05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
20	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	16	80.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	65.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	55.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	70.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	25.0	29.3	37.7
Completely bedfast residents.	1	5.0	1.1	3.4
Residents confined to chairs.	8	40.0	46.9	50.8
Residents requiring restraints.	5	25.0	41.4	41.3
Confused or disoriented residents.	3	15.0	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	5	25.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW TERRACE

Street Address:		City and State:	
1300 NORTH WATER STREET		PLATTEVILLE WI 53818	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	04/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	69.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	92.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	73.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	70.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	72.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	31.9	29.3	37.7
Completely bedfast residents.	1	1.1	1.1	3.4
Residents confined to chairs.	31	33.0	46.9	50.8
Residents requiring restraints.	35	37.2	41.4	41.3
Confused or disoriented residents.	74	78.7	53.3	58.4
Residents with bed sores.	5	5.3	5.6	7.1
Residents receiving special skin care.	27	28.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLUM CITY CARE CENTER

Street Address:	City and State:		
301 CHERRY ST	PLUM CITY WI 54761		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	42	PROPRIETARY	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
24	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	91.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	79.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	10	41.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	87.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	37.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	16.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	12	50.0	46.9	50.8
Residents requiring restraints.	6	25.0	41.4	41.3
Confused or disoriented residents.	10	41.7	53.3	58.4
Residents with bed sores.	1	4.2	5.6	7.1
Residents receiving special skin care.	0	0.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROCKY KNOLL HEALTH CARE FACILITY

Street Address:		City and State:	
		PLYMOUTH WI 53073	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	228	LOCAL GOVERNMENT	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
214	2	143

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	62.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	154	72.0	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	132	61.7	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	67.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	140	65.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	68	31.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	31.8	29.3	37.7
Completely bedfast residents.	1	0.5	1.1	3.4
Residents confined to chairs.	102	47.7	46.9	50.8
Residents requiring restraints.	83	38.8	41.4	41.3
Confused or disoriented residents.	100	46.7	53.3	58.4
Residents with bed sores.	20	9.3	5.6	7.1
Residents receiving special skin care.	34	15.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY MANOR NURSING HOME

Street Address:	City and State:		
916 E CLIFFORD ST	PLYMOUTH WI 53073		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT OTHER	09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	67.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	79.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	62.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	72.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	67.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	32.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	18	30.5	46.9	50.8
Residents requiring restraints.	24	40.7	41.4	41.3
Confused or disoriented residents.	33	55.9	53.3	58.4
Residents with bed sores.	2	3.4	5.6	7.1
Residents receiving special skin care.	10	16.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWATER HAVEN NURS HOME

Street Address:		City and State:	
1351 WISCONSIN RIVER DR		PORT EDWARDS WI 54469	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	164	LOCAL GOVERNMENT	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
157	8	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	141	89.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	82.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	119	75.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	79.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	127	80.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	23	14.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	35.7	29.3	37.7
Completely bedfast residents.	7	4.5	1.1	3.4
Residents confined to chairs.	81	51.6	46.9	50.8
Residents requiring restraints.	56	35.7	41.4	41.3
Confused or disoriented residents.	94	59.9	53.3	58.4
Residents with bed sores.	11	7.0	5.6	7.1
Residents receiving special skin care.	56	35.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE NURSING HOME

Street Address:		City and State:	
1119 N WISCONSIN STREET		PORT WASHINGTON WI 53074	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	54	PROPRIETARY	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	67.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	88.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	69.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	100	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	54.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	15	28.3	46.9	50.8
Residents requiring restraints.	31	58.5	41.4	41.3
Confused or disoriented residents.	28	52.8	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	25	47.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires faciilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DIVINE SAVIOR HOSP NURSING HOME

Street Address:		City and State:	
715 W PLEASANT ST		PORTAGE WI 53901	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	111	NON-PROFIT RELIGIOUS	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
104	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	93.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	87.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	72.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	89.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	68.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	17.3	29.3	37.7
Completely bedfast residents.	1	1.0	1.1	3.4
Residents confined to chairs.	70	67.3	46.9	50.8
Residents requiring restraints.	53	51.0	41.4	41.3
Confused or disoriented residents.	81	77.9	53.3	58.4
Residents with bed sores.	3	2.9	5.6	7.1
Residents receiving special skin care.	27	26.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRAIRIE LIVING CENTER

Street Address:		City and State:	
1150 SOUTH FIFTEENTH STREET		PRAIRIE DU CHIEN WI 53821	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	173	NON-PROFIT RELIGIOUS	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
144	0	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	80.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	116	80.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	69.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	74.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	54.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	44.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	87	60.4	46.9	50.8
Residents requiring restraints.	64	44.4	41.4	41.3
Confused or disoriented residents.	71	49.3	53.3	58.4
Residents with bed sores.	10	6.9	5.6	7.1
Residents receiving special skin care.	48	33.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIONEER HOME

Street Address:		City and State:	
P O BOX 95		PRAIRIE FARM WI 54762	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	42	LOCAL GOVERNMENT	04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	97.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	29	72.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	75.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	87.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	75.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	32.5	29.3	37.7
Completely bedfast residents.	1	2.5	1.1	3.4
Residents confined to chairs.	8	20.0	46.9	50.8
Residents requiring restraints.	21	52.5	41.4	41.3
Confused or disoriented residents.	24	60.0	53.3	58.4
Residents with bed sores.	9	22.5	5.6	7.1
Residents receiving special skin care.	9	22.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST CROIX CARE CENTER

Street Address:	City and State:		
1505 ORRIN ROAD	PRESCOTT WI 54021		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	74	NON-PROFIT OTHER	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	80.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	85.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	60.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	65.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	51.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	17.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	40	57.1	46.9	50.8
Residents requiring restraints.	32	45.7	41.4	41.3
Confused or disoriented residents.	41	58.6	53.3	58.4
Residents with bed sores.	3	4.3	5.6	7.1
Residents receiving special skin care.	30	42.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNYVIEW VILLAGE INC

Street Address:		City and State:	
900 SUNNYVIEW LANE		PRINCETON WI 54968	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	66	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	87.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	87.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	72.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	73.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	84.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	24.6	29.3	37.7
Completely bedfast residents.	1	1.5	1.1	3.4
Residents confined to chairs.	47	72.3	46.9	50.8
Residents requiring restraints.	32	49.2	41.4	41.3
Confused or disoriented residents.	39	60.0	53.3	58.4
Residents with bed sores.	7	10.8	5.6	7.1
Residents receiving special skin care.	7	10.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BECKER SHOOP CENTER

Street Address:		City and State:	
6101 16TH STREET		RACINE WI 53406	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	110	NON-PROFIT OTHER	05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
110	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	98.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	87.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	73.6	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	82.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	68.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	72	65.5	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	42.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	26	23.6	46.9	50.8
Residents requiring restraints.	75	68.2	41.4	41.3
Confused or disoriented residents.	74	67.3	53.3	58.4
Residents with bed sores.	6	5.5	5.6	7.1
Residents receiving special skin care.	54	49.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN LUTHERAN OF RACINE

Street Address:		City and State:	
2015 PROSPECT ST		RACINE WI 53404	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	167	NON-PROFIT RELIGIOUS	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
167	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	80.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	87.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	63.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	61.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	64.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	16.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	58	34.7	46.9	50.8
Residents requiring restraints.	57	34.1	41.4	41.3
Confused or disoriented residents.	85	50.9	53.3	58.4
Residents with bed sores.	6	3.6	5.6	7.1
Residents receiving special skin care.	78	46.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN VILLAGE CONV CENTER

Street Address:		City and State:	
1700 C A BECKER DRIVE		RACINE WI 53406	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	122	NON-PROFIT RELIGIOUS	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
122	1	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	49.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	99.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	90.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	86.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	58.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	33.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	66	54.1	46.9	50.8
Residents requiring restraints.	71	58.2	41.4	41.3
Confused or disoriented residents.	50	41.0	53.3	58.4
Residents with bed sores.	24	19.7	5.6	7.1
Residents receiving special skin care.	63	51.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDGEWOOD CARE CENTER

Street Address:	City and State:		
5455 DURAND AVENUE	RACINE WI 53406		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	210	LOCAL GOVERNMENT	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
209	0	203

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	152	72.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	151	72.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	51.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	50.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	52.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	159	76.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	78	37.3	46.9	50.8
Residents requiring restraints.	71	34.0	41.4	41.3
Confused or disoriented residents.	105	50.2	53.3	58.4
Residents with bed sores.	31	14.8	5.6	7.1
Residents receiving special skin care.	38	18.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST CATHERINES INFIRMARY

Street Address:	City and State:		
5635 ERIE ST	RACINE WI 53402		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	41	NON-PROFIT OTHER	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	95.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	95.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	85.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	85.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	95.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	65.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	34	85.0	46.9	50.8
Residents requiring restraints.	29	72.5	41.4	41.3
Confused or disoriented residents.	36	90.0	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	4	10.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTVIEW NURSING HOME, INC.

Street Address:	City and State:		
1600 OHIO ST, PO BOX 1173	RACINE WI 53406		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	320	PROPRIETARY	10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
313	0	257

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	262	83.7	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	270	86.3	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	241	77.0	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	267	85.3	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	249	79.6	42.0	59.1
Residents on individually written bowel and bladder retraining program.	6	1.9	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	96	30.7	13.8	29.3
Completely bedfast residents.	2	0.6	0.2	3.6
Residents confined to chairs.	18	5.8	12.8	39.1
Residents requiring restraints.	193	61.7	20.7	31.7
Confused or disoriented residents.	208	66.5	36.0	55.8
Residents with bed sores.	25	8.0	2.5	4.7
Residents receiving special skin care.	45	14.4	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARIAN NURSING HOME

Street Address:		City and State:	
ROUTE 1		RADISSON WI 54867	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	28	PROPRIETARY	04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
24	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	62.5	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	83.3	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	66.7	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	62.5	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	75.0	42.0	59.1
Residents on individually written bowel and bladder retraining program.	1	4.2	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	37.5	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	13	54.2	12.8	39.1
Residents requiring restraints.	11	45.8	20.7	31.7
Confused or disoriented residents.	17	70.8	36.0	55.8
Residents with bed sores.	1	4.2	2.5	4.7
Residents receiving special skin care.	14	58.3	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONTINENTAL MANOR

Street Address:		City and State:	
502 SOUTH HIGH STREET		RANDOLPH WI 53956	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	84	PROPRIETARY	02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	94.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	100	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	72.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	100	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	72.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	9	10.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	16.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	36	43.4	46.9	50.8
Residents requiring restraints.	37	44.6	41.4	41.3
Confused or disoriented residents.	26	31.3	53.3	58.4
Residents with bed sores.	4	4.8	5.6	7.1
Residents receiving special skin care.	21	25.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDWARD SNYDER MEM OLD PEOPLES HOME

Street Address:	City and State:		
1104 21ST STREET	REEDSBURG WI 53959		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	50	NON-PROFIT OTHER	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	96.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	82.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	80.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	72.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	88.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	22.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	21	42.0	46.9	50.8
Residents requiring restraints.	20	40.0	41.4	41.3
Confused or disoriented residents.	22	44.0	53.3	58.4
Residents with bed sores.	1	2.0	5.6	7.1
Residents receiving special skin care.	0	0.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAUK COUNTY HEALTH CARE CENTER

Street Address:		City and State:	
STAR ROUTE 2		REEDSBURG WI 53959	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	275	NON-PROFIT OTHER	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
224	3	197

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	178	79.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	178	79.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	157	70.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	68.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	157	70.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	29.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	99	44.2	46.9	50.8
Residents requiring restraints.	126	56.3	41.4	41.3
Confused or disoriented residents.	124	55.4	53.3	58.4
Residents with bed sores.	18	8.0	5.6	7.1
Residents receiving special skin care.	84	37.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ZIMMERMAN HOME

Street Address:		City and State:	
617 4TH ST		REEDSBURG WI 53959	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	12	PROPRIETARY	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
12	0	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	83.3	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	11	91.7	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	75.0	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	66.7	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	58.3	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	41.7	13.8	29.3
Completely bedfast residents.	1	8.3	0.2	3.6
Residents confined to chairs.	4	33.3	12.8	39.1
Residents requiring restraints.	4	33.3	20.7	31.7
Confused or disoriented residents.	5	41.7	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	0	0.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDLY VILLAGE

Street Address:		City and State:	
900 BOYCE DRIVE		RHINELANDER WI 54501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	152	PROPRIETARY	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
143	0	128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	81.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	79.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	73.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	69.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	74.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	7	4.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	44.1	29.3	37.7
Completely bedfast residents.	4	2.8	1.1	3.4
Residents confined to chairs.	86	60.1	46.9	50.8
Residents requiring restraints.	49	34.3	41.4	41.3
Confused or disoriented residents.	80	55.9	53.3	58.4
Residents with bed sores.	7	4.9	5.6	7.1
Residents receiving special skin care.	53	37.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TAYLOR PARK HEALTH CARE AND REHAB CTR

Street Address:		City and State:	
901 BOYCE DRIVE P O BOX 857		RHINELANDER WI 54501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	11	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	59.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	64.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	52.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	51.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	50.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	34	34.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	19.2	29.3	37.7
Completely bedfast residents.	1	1.0	1.1	3.4
Residents confined to chairs.	41	41.4	46.9	50.8
Residents requiring restraints.	21	21.2	41.4	41.3
Confused or disoriented residents.	30	30.3	53.3	58.4
Residents with bed sores.	5	5.1	5.6	7.1
Residents receiving special skin care.	43	43.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIB LAKE HEALTH CARE CENTER

Street Address:		City and State:	
650 PEARL STREET		RIB LAKE WI 54470	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	1	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	90.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	74.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	65.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	67.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	52.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	26.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	56	68.3	46.9	50.8
Residents requiring restraints.	35	42.7	41.4	41.3
Confused or disoriented residents.	27	32.9	53.3	58.4
Residents with bed sores.	3	3.7	5.6	7.1
Residents receiving special skin care.	48	58.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR

Street Address:		City and State:	
19 WEST NEWTON STREET		RICE LAKE WI 54868	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	04/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	2	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	94.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	78.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	81.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	90.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	5	5.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	29.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	42	49.4	46.9	50.8
Residents requiring restraints.	27	31.8	41.4	41.3
Confused or disoriented residents.	52	61.2	53.3	58.4
Residents with bed sores.	6	7.1	5.6	7.1
Residents receiving special skin care.	6	7.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RICE LAKE CONVALESCENT CENTER

Street Address:	City and State:		
1016 LAKESHORE DRIVE	RICE LAKE WI 54868		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	100	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	86.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	73.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	68.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	73.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	57.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	26.9	29.3	37.7
Completely bedfast residents.	1	1.1	1.1	3.4
Residents confined to chairs.	40	43.0	46.9	50.8
Residents requiring restraints.	35	37.6	41.4	41.3
Confused or disoriented residents.	50	53.8	53.3	58.4
Residents with bed sores.	4	4.3	5.6	7.1
Residents receiving special skin care.	11	11.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE VALLEY MANOR

Street Address:		City and State:	
RT 4 BOX 154		RICHLAND CENTER WI 53581	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	176	LOCAL GOVERNMENT	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
138	0	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	84.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	117	84.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	72.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	73.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	69.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	34.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	78	56.5	46.9	50.8
Residents requiring restraints.	57	41.3	41.4	41.3
Confused or disoriented residents.	71	51.4	53.3	58.4
Residents with bed sores.	20	14.5	5.6	7.1
Residents receiving special skin care.	71	51.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCHMITT WOODLAND HILLS INC

Street Address:		City and State:	
1400 W SEMINARY STREET		RICHLAND CENTER WI 53581	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	25	NON-PROFIT RELIGIOUS	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
24	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	22	91.7	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	21	87.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	100	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	41.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	13	54.2	46.9	50.8
Residents requiring restraints.	15	62.5	41.4	41.3
Confused or disoriented residents.	16	66.7	53.3	58.4
Residents with bed sores.	2	8.3	5.6	7.1
Residents receiving special skin care.	7	29.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW NURSING HOME

Street Address:	City and State:		
WOLVERTON AVE	RIPON WI 54971		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	177	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
174	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	128	73.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	154	88.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	63.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	63.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	120	69.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	25.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	52	29.9	46.9	50.8
Residents requiring restraints.	68	39.1	41.4	41.3
Confused or disoriented residents.	89	51.1	53.3	58.4
Residents with bed sores.	2	1.1	5.6	7.1
Residents receiving special skin care.	18	10.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER FALLS AREA HOSP-KINNIC HOME DIV

Street Address:		City and State:	
550 NORTH MAIN STREET		RIVER FALLS WI 54022	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	68	NON-PROFIT PRIVATE	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	89.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	72.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	78.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	87.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	29.2	29.3	37.7
Completely bedfast residents.	1	1.5	1.1	3.4
Residents confined to chairs.	43	66.2	46.9	50.8
Residents requiring restraints.	27	41.5	41.4	41.3
Confused or disoriented residents.	48	73.8	53.3	58.4
Residents with bed sores.	10	15.4	5.6	7.1
Residents receiving special skin care.	10	15.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER FALLS CARE CENTER

Street Address:	City and State:		
640 NORTH MAIN	RIVER FALLS WI 54022		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	140	PROPRIETARY	02/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	80.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	93.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	68.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	80.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	60.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	28.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	7	7.2	46.9	50.8
Residents requiring restraints.	40	41.2	41.4	41.3
Confused or disoriented residents.	77	79.4	53.3	58.4
Residents with bed sores.	1	1.0	5.6	7.1
Residents receiving special skin care.	42	43.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST CROIX VALLEY GOOD SAMARITAN CTR

Street Address:		City and State:	
750 LOUISIANA EAST		SAINT CROIX FALLS WI 54024	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	68	NON-PROFIT OTHER	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
66	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	84.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	89.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	80.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	78.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	75.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	21.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	28	42.4	46.9	50.8
Residents requiring restraints.	28	42.4	41.4	41.3
Confused or disoriented residents.	34	51.5	53.3	58.4
Residents with bed sores.	5	7.6	5.6	7.1
Residents receiving special skin care.	16	24.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH SHORE MANOR

Street Address:	City and State:		
1915 E TRIPOLI AVE	SAINT FRANCIS WI 53207		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	34	PROPRIETARY	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	0	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	96.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	24	82.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	93.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	89.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	10.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	34.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	16	55.2	46.9	50.8
Residents requiring restraints.	21	72.4	41.4	41.3
Confused or disoriented residents.	17	58.6	53.3	58.4
Residents with bed sores.	1	3.4	5.6	7.1
Residents receiving special skin care.	6	20.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLEWOOD OF SAUK PRAIRIE

Street Address:		City and State:	
245 SYCAMORE ST		SAUK CITY WI 53583	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	125	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
124	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	86.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	83.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	96.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	83.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	49.2	29.3	37.7
Completely bedfast residents.	1	0.8	1.1	3.4
Residents confined to chairs.	75	60.5	46.9	50.8
Residents requiring restraints.	56	45.2	41.4	41.3
Confused or disoriented residents.	99	79.8	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	124	100	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HAVEN CARE CENTER

Street Address:		City and State:	
6001 ALDERSON STREET		SCHOFIELD WI 54476	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	164	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
154	0	113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	149	96.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	70.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	75.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	74.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	56.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	22.7	29.3	37.7
Completely bedfast residents.	1	0.6	1.1	3.4
Residents confined to chairs.	56	36.4	46.9	50.8
Residents requiring restraints.	14	9.1	41.4	41.3
Confused or disoriented residents.	82	53.2	53.3	58.4
Residents with bed sores.	5	3.2	5.6	7.1
Residents receiving special skin care.	21	13.6	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SHEPHERD NURSING HOME LTD

Street Address:		City and State:	
607 BRONSON RD RT 2		SEYMORE WI 54165	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	97	NON-PROFIT RELIGIOUS	12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	90.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	90.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	79.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	79.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	61.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	30.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	31	32.3	46.9	50.8
Residents requiring restraints.	64	66.7	41.4	41.3
Confused or disoriented residents.	52	54.2	53.3	58.4
Residents with bed sores.	8	8.3	5.6	7.1
Residents receiving special skin care.	30	31.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN HEALTH CARE CENTER

Street Address:		City and State:	
1250 EVERGREEN STREET		SHAWANO WI 54166	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	93.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	82.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	75.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	73.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	63.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	33.3	29.3	37.7
Completely bedfast residents.	2	2.3	1.1	3.4
Residents confined to chairs.	39	44.8	46.9	50.8
Residents requiring restraints.	18	20.7	41.4	41.3
Confused or disoriented residents.	48	55.2	53.3	58.4
Residents with bed sores.	5	5.7	5.6	7.1
Residents receiving special skin care.	13	14.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF SHAWANO

Street Address:		City and State:	
P O BOX 454		SHAWANO WI 54166	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	118	PROPRIETARY	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
106	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	12.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	83.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	69.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	73.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	45.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	29.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	78	73.6	46.9	50.8
Residents requiring restraints.	47	44.3	41.4	41.3
Confused or disoriented residents.	55	51.9	53.3	58.4
Residents with bed sores.	3	2.8	5.6	7.1
Residents receiving special skin care.	12	11.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE LANE HEALTH CARE FACILITY

Street Address:		City and State:	
ROUTE 3 P.O. BOX 534		SHAWANO WI 54166	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	102	LOCAL GOVERNMENT	04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	84.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	62.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	53.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	57.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	57.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	21.1	29.3	37.7
Completely bedfast residents.	1	1.4	1.1	3.4
Residents confined to chairs.	25	35.2	46.9	50.8
Residents requiring restraints.	9	12.7	41.4	41.3
Confused or disoriented residents.	70	98.6	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	62	87.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE HAVEN CHRISTIAN HOME

Street Address:		City and State:	
531 GIDDINGS AVE		SHEBOYGAN FALLS WI 53085	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	71	NON-PROFIT OTHER	12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	38.0	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	52.1	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	36.6	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	31.0	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	36.6	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	11.3	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	5	7.0	12.8	39.1
Residents requiring restraints.	7	9.9	20.7	31.7
Confused or disoriented residents.	21	29.6	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	15	21.1	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHEBOYGAN COMPREHENSIVE HEALTH CTR

Street Address:		City and State:	
P O BOX 100		SHEBOYGAN FALLS WI 53085	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	178	LOCAL GOVERNMENT	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
171	0	155

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	67.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	46.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	43.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	24.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	47.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	18.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	31	18.1	46.9	50.8
Residents requiring restraints.	45	26.3	41.4	41.3
Confused or disoriented residents.	73	42.7	53.3	58.4
Residents with bed sores.	4	2.3	5.6	7.1
Residents receiving special skin care.	71	41.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENDALE HEALTH CARE CENTER

Street Address:	City and State:		
3129 MICHIGAN AVE BOX 1211	SHEBOYGAN WI 53081		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	64	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	96.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	91.9	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	88.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	85.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	80.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	33.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	36	58.1	46.9	50.8
Residents requiring restraints.	35	56.5	41.4	41.3
Confused or disoriented residents.	50	80.6	53.3	58.4
Residents with bed sores.	3	4.8	5.6	7.1
Residents receiving special skin care.	6	9.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE NURSING CENTER

Street Address:	City and State:		
1902 MEAD AVE	SHEBOYGAN WI 53081		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	156	PROPRIETARY	11/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
154	0	111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	70.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	76.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	73.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	80.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	55.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	8	5.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	32.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	89	57.8	46.9	50.8
Residents requiring restraints.	72	46.8	41.4	41.3
Confused or disoriented residents.	54	35.1	53.3	58.4
Residents with bed sores.	6	3.9	5.6	7.1
Residents receiving special skin care.	102	66.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOW VIEW MANOR NURSING HOME

Street Address:		City and State:	
3613 SOUTH 13TH STREET		SHEBOYGAN WI 53081	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	74	PROPRIETARY	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	68.5	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	76.7	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	54.8	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	60.3	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	54.8	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	16.4	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	28	38.4	12.8	39.1
Residents requiring restraints.	20	27.4	20.7	31.7
Confused or disoriented residents.	25	34.2	36.0	55.8
Residents with bed sores.	6	8.2	2.5	4.7
Residents receiving special skin care.	33	45.2	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORNINGSIDE NURSING HOME

Street Address:		City and State:	
3431 NORTH 13 ST		SHEBOYGAN WI 53081	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	72	PROPRIETARY	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	92.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	97.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	92.6	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	95.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	64.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	20	29.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	29.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	18	26.5	46.9	50.8
Residents requiring restraints.	35	51.5	41.4	41.3
Confused or disoriented residents.	11	16.2	53.3	58.4
Residents with bed sores.	1	1.5	5.6	7.1
Residents receiving special skin care.	16	23.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHEBOYGAN RETIREMENT HOME INC

Street Address:		City and State:	
930 NORTH 6TH STREET		SHEBOYGAN WI 53081	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	82	NON-PROFIT PRIVATE	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	59.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	75.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	67.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	67.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	63.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	16.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	29	37.7	46.9	50.8
Residents requiring restraints.	32	41.6	41.4	41.3
Confused or disoriented residents.	43	55.8	53.3	58.4
Residents with bed sores.	6	7.8	5.6	7.1
Residents receiving special skin care.	18	23.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNY RIDGE

Street Address:		City and State:	
3014 ERIE AVENUE		SHEBOYGAN WI 53081	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	398	LOCAL GOVERNMENT	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
392	0	214

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	300	76.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	263	67.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	232	59.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	278	70.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	232	59.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	58	14.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	87	22.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	182	46.4	46.9	50.8
Residents requiring restraints.	219	55.9	41.4	41.3
Confused or disoriented residents.	219	55.9	53.3	58.4
Residents with bed sores.	21	5.4	5.6	7.1
Residents receiving special skin care.	103	26.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TERRACEVIEW LIVING CENTER

Street Address:		City and State:	
PO BOX 379		SHELL LAKE WI 54871	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	70	NON-PROFIT OTHER	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	47.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	67.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	52.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	47.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	50.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	14.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	6	9.8	46.9	50.8
Residents requiring restraints.	1	1.6	41.4	41.3
Confused or disoriented residents.	10	16.4	53.3	58.4
Residents with bed sores.	3	4.9	5.6	7.1
Residents receiving special skin care.	2	3.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPESIDE COVE GOOD SAMARITAN CENTER

Street Address:	City and State:		
P.0. BOX 49	SIREN WI 54872		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	100	NON-PROFIT OTHER	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	99.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	77.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	70.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	60.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	41.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	42	42.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	28.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	58	58.0	46.9	50.8
Residents requiring restraints.	23	23.0	41.4	41.3
Confused or disoriented residents.	39	39.0	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	37	37.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCANDIA VILLAGE RETIREMENT CTR

Street Address:	City and State:		
290 SMITH DR	SISTER BAY WI 54234		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	60	NON-PROFIT OTHER	06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	96.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	75.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	51.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	98.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	61.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	30.0	29.3	37.7
Completely bedfast residents.	2	3.3	1.1	3.4
Residents confined to chairs.	24	40.0	46.9	50.8
Residents requiring restraints.	22	36.7	41.4	41.3
Confused or disoriented residents.	37	61.7	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	31	51.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANNES SKOGDALEN

Street Address:	City and State:		
HIGHWAY 61 P O BOX 177	SOLDIERS GROVE WI 54655		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	66	PROPRIETARY	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	96.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	85.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	74.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	62.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	40.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	18	29.0	46.9	50.8
Residents requiring restraints.	18	29.0	41.4	41.3
Confused or disoriented residents.	36	58.1	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	10	16.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANCISCAN VILLA OF SO MILWAUKEE

Street Address:		City and State:	
3601 SOUTH CHICAGO AVENUE		SOUTH MILWAUKEE WI 53172	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	150	NON-PROFIT RELIGIOUS	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
144	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	72.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	82.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	75.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	93.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	34.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	40	27.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	34.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	97	67.4	46.9	50.8
Residents requiring restraints.	94	65.3	41.4	41.3
Confused or disoriented residents.	61	42.4	53.3	58.4
Residents with bed sores.	18	12.5	5.6	7.1
Residents receiving special skin care.	51	35.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOWCREST NURSING HOME

Street Address:	City and State:		
3821 S CHICAGO AVE	SOUTH MILWAUKEE WI 53172		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	91.3	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	65.2	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	26.1	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	28.3	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	34.8	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	8.7	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	4	8.7	12.8	39.1
Residents requiring restraints.	4	8.7	20.7	31.7
Confused or disoriented residents.	18	39.1	36.0	55.8
Residents with bed sores.	2	4.3	2.5	4.7
Residents receiving special skin care.	8	17.4	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORROW MEMORIAL HOME FOR THE AGED

Street Address:	City and State:		
331 S WATER ST	SPARTA WI 54656		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	115	NON-PROFIT RELIGIOUS	01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	49.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	64.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	56.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	66.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	58.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	17.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	48	44.0	46.9	50.8
Residents requiring restraints.	8	7.3	41.4	41.3
Confused or disoriented residents.	50	45.9	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	14	12.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROLLING HILLS

Street Address:		City and State:	
ROUTE 2		SPARTA WI 54656	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	248	LOCAL GOVERNMENT	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
189	0	164

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	147	77.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	144	76.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	60.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	69.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	50.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	25	13.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	32.8	29.3	37.7
Completely bedfast residents.	1	0.5	1.1	3.4
Residents confined to chairs.	77	40.7	46.9	50.8
Residents requiring restraints.	63	33.3	41.4	41.3
Confused or disoriented residents.	77	40.7	53.3	58.4
Residents with bed sores.	2	1.1	5.6	7.1
Residents receiving special skin care.	82	43.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS N H

Street Address:		City and State:	
K MAIN STS		SPARTA WI 54656	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	30	NON-PROFIT RELIGIOUS	02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	65.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	80.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	17	65.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	65.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	61.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	26.9	29.3	37.7
Completely bedfast residents.	2	7.7	1.1	3.4
Residents confined to chairs.	6	23.1	46.9	50.8
Residents requiring restraints.	6	23.1	41.4	41.3
Confused or disoriented residents.	13	50.0	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	14	53.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMM MEM HOSP & NH

Street Address:	City and State:		
819 ASH STREET	SPOONER WI 54801		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	90	NON-PROFIT OTHER	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	77.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	85.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	73.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	60.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	78.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	28.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	40	44.9	46.9	50.8
Residents requiring restraints.	18	20.2	41.4	41.3
Confused or disoriented residents.	61	68.5	53.3	58.4
Residents with bed sores.	4	4.5	5.6	7.1
Residents receiving special skin care.	1	1.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENWAY MANOR

Street Address:		City and State:	
501 SOUTH WINSTED		SPRING GREEN WI 53588	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	94.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	92.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	90.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	85.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	72.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	41.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	35	63.6	46.9	50.8
Residents requiring restraints.	25	45.5	41.4	41.3
Confused or disoriented residents.	38	69.1	53.3	58.4
Residents with bed sores.	54	98.2	5.6	7.1
Residents receiving special skin care.	21	38.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRING VALLEY MUNICIPAL NURSING HOME

Street Address:		City and State:	
RT 1		SPRING VALLEY WI 54767	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	86	LOCAL GOVERNMENT	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	98.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	77.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	50.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	64.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	50.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	6	9.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	22.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	23	34.3	46.9	50.8
Residents requiring restraints.	20	29.9	41.4	41.3
Confused or disoriented residents.	23	34.3	53.3	58.4
Residents with bed sores.	2	3.0	5.6	7.1
Residents receiving special skin care.	14	20.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VICTORY MEMORIAL HOSPITAL-N H ADD

Street Address:		City and State:	
230 E 4TH AVE		STANLEY WI 54768	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	86	NON-PROFIT OTHER	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	87.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	84.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	72.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	68.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	64.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	24.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	18	23.4	46.9	50.8
Residents requiring restraints.	32	41.6	41.4	41.3
Confused or disoriented residents.	43	55.8	53.3	58.4
Residents with bed sores.	4	5.2	5.6	7.1
Residents receiving special skin care.	5	6.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PORTAGE COUNTY HOME

Street Address:		City and State:	
825 WHITING AVE		STEVENS POINT WI 54481	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	139	LOCAL GOVERNMENT	07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
138	0	120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	84.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	87.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	70.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	70.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	88.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	37.7	29.3	37.7
Completely bedfast residents.	1	0.7	1.1	3.4
Residents confined to chairs.	43	31.2	46.9	50.8
Residents requiring restraints.	40	29.0	41.4	41.3
Confused or disoriented residents.	73	52.9	53.3	58.4
Residents with bed sores.	2	1.4	5.6	7.1
Residents receiving special skin care.	68	49.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER PINES LIVING CENTER

Street Address:		City and State:	
1800 N SHERMAN AVENUE		STEVENS POINT WI 54481	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	238	NON-PROFIT RELIGIOUS	08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
164	8	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	164	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	54.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	164	100	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	93.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	146	89.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	5	3.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	41.5	29.3	37.7
Completely bedfast residents.	5	3.0	1.1	3.4
Residents confined to chairs.	153	93.3	46.9	50.8
Residents requiring restraints.	105	64.0	41.4	41.3
Confused or disoriented residents.	137	83.5	53.3	58.4
Residents with bed sores.	25	15.2	5.6	7.1
Residents receiving special skin care.	59	36.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NAZARETH HOUSE NURSING HOME

Street Address:		City and State:	
814 JACKSON ST		STOUGHTON WI 53589	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	99	NON-PROFIT RELIGIOUS	04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	96.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	78.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	72.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	64.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	85.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	49.5	29.3	37.7
Completely bedfast residents.	1	1.0	1.1	3.4
Residents confined to chairs.	68	68.7	46.9	50.8
Residents requiring restraints.	35	35.4	41.4	41.3
Confused or disoriented residents.	62	62.6	53.3	58.4
Residents with bed sores.	1	1.0	5.6	7.1
Residents receiving special skin care.	15	15.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SKAALEN SUNSET HOME

Street Address:		City and State:	
400 NORTH MORRIS ST		STOUGHTON WI 53589	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	270	LOCAL GOVERNMENT	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
253	0	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	183	72.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	214	84.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	170	67.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	67.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	66.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	45	17.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	25.7	29.3	37.7
Completely bedfast residents.	3	1.2	1.1	3.4
Residents confined to chairs.	108	42.7	46.9	50.8
Residents requiring restraints.	106	41.9	41.4	41.3
Confused or disoriented residents.	142	56.1	53.3	58.4
Residents with bed sores.	13	5.1	5.6	7.1
Residents receiving special skin care.	72	28.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STRUM NURSING HOME

Street Address:		City and State:	
208 ELM STREET		STRUM WI 54770	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	50	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	91.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	89.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	70.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	66.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	54.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	8.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	29.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	9	18.8	46.9	50.8
Residents requiring restraints.	14	29.2	41.4	41.3
Confused or disoriented residents.	20	41.7	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	9	18.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOOR COUNTY MEM HOSP ECF

Street Address:		City and State:	
330 16TH PLACE		STURGEON BAY WI 54235	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	30	NON-PROFIT OTHER	07/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	40.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	73.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	70.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	66.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	80.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	20.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	13	43.3	46.9	50.8
Residents requiring restraints.	12	40.0	41.4	41.3
Confused or disoriented residents.	9	30.0	53.3	58.4
Residents with bed sores.	1	3.3	5.6	7.1
Residents receiving special skin care.	1	3.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DORCHESTER NSG CTR

Street Address:		City and State:	
200 N 7TH AVE		STURGEON BAY WI 54235	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	149	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	1	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	99.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	76.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	72.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	69.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	61.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	31	23.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	25.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	93	69.4	46.9	50.8
Residents requiring restraints.	70	52.2	41.4	41.3
Confused or disoriented residents.	57	42.5	53.3	58.4
Residents with bed sores.	20	14.9	5.6	7.1
Residents receiving special skin care.	101	75.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUN PRAIRIE HEALTH CARE CENTER

Street Address:		City and State:	
228 W MAIN STREET		SUN PRAIRIE WI 53590	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	32	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
32	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	90.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	29	90.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	87.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	62.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	43.8	29.3	37.7
Completely bedfast residents.	1	3.1	1.1	3.4
Residents confined to chairs.	19	59.4	46.9	50.8
Residents requiring restraints.	12	37.5	41.4	41.3
Confused or disoriented residents.	26	81.3	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	10	31.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE WILLOWS NURSING HOME

Street Address:		City and State:	
41 RICKEL ROAD		SUN PRAIRIE WI 53590	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	4	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	82.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	89.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	83.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	80.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	64.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	69.6	29.3	37.7
Completely bedfast residents.	1	1.8	1.1	3.4
Residents confined to chairs.	48	85.7	46.9	50.8
Residents requiring restraints.	38	67.9	41.4	41.3
Confused or disoriented residents.	23	41.1	53.3	58.4
Residents with bed sores.	4	7.1	5.6	7.1
Residents receiving special skin care.	10	17.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAFFEY HOME

Street Address:		City and State:	
1419 HILL AVE		SUPERIOR WI 54880	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	50	PROPRIETARY	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	83.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	85.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	83.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	79.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	42.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	43	87.8	46.9	50.8
Residents requiring restraints.	30	61.2	41.4	41.3
Confused or disoriented residents.	27	55.1	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	17	34.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL HEALTH CARE SERVICES, INC.

Street Address:		City and State:	
3120 N 21ST STREET		SUPERIOR WI 54880	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	42	PROPRIETARY	04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	57.1	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	15	42.9	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	20.0	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	17.1	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	25.7	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	8.6	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	4	11.4	12.8	39.1
Residents requiring restraints.	2	5.7	20.7	31.7
Confused or disoriented residents.	4	11.4	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	4	11.4	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FIELDVIEW MANOR HEALTH CARE

Street Address:		City and State:	
1612 NORTH 37TH STREET		SUPERIOR WI 54880	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	119	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	78.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	89.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	61.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	100	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	72.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	32	29.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	21.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	74	67.9	46.9	50.8
Residents requiring restraints.	48	44.0	41.4	41.3
Confused or disoriented residents.	45	41.3	53.3	58.4
Residents with bed sores.	7	6.4	5.6	7.1
Residents receiving special skin care.	32	29.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHDALE TERRACE HEALTH CARE CENTER

Street Address:	City and State:		
3712 TOWER AVE	SUPERIOR WI 54880		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	95.7	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	69.6	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	43.5	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	39.1	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	45.7	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	10.9	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	2	4.3	12.8	39.1
Residents requiring restraints.	2	4.3	20.7	31.7
Confused or disoriented residents.	24	52.2	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	4	8.7	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST FRANCIS HOME

Street Address:		City and State:	
1800 NEW YORK AVENUE		SUPERIOR WI 54880	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	192	NON-PROFIT RELIGIOUS	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
185	4	128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	73.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	143	77.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	61.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	75.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	117	63.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	57	30.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	37.8	29.3	37.7
Completely bedfast residents.	4	2.2	1.1	3.4
Residents confined to chairs.	79	42.7	46.9	50.8
Residents requiring restraints.	83	44.9	41.4	41.3
Confused or disoriented residents.	95	51.4	53.3	58.4
Residents with bed sores.	17	9.2	5.6	7.1
Residents receiving special skin care.	63	34.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND VILLAGE

Street Address:	City and State:		
430 MANOR DRIVE	SURING WI 54174		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT OTHER	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	93.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	94.9	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	91.5	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	86.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	72.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	13.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	37	62.7	46.9	50.8
Residents requiring restraints.	34	57.6	41.4	41.3
Confused or disoriented residents.	28	47.5	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	5	8.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THORP CARE CENTER INC

Street Address:		City and State:	
206 WEST PROSPECT STREET		THORP WI 54471	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	58	PROPRIETARY	12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	91.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	84.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	49.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	45.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	54.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	19.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	15	26.3	46.9	50.8
Residents requiring restraints.	21	36.8	41.4	41.3
Confused or disoriented residents.	26	45.6	53.3	58.4
Residents with bed sores.	1	1.8	5.6	7.1
Residents receiving special skin care.	12	21.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOMAH CARE CTR

Street Address:	City and State:		
1505 BUTTS AVENUE	TOMAH WI 54660		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	110	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
108	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	73.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	76.9	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	63.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	71.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	63.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	35.2	29.3	37.7
Completely bedfast residents.	3	2.8	1.1	3.4
Residents confined to chairs.	67	62.0	46.9	50.8
Residents requiring restraints.	33	30.6	41.4	41.3
Confused or disoriented residents.	50	46.3	53.3	58.4
Residents with bed sores.	12	11.1	5.6	7.1
Residents receiving special skin care.	40	37.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN AGE NURSING HOME

Street Address:		City and State:	
720 EAST KINGS ROAD		TOMAHAWK WI 54487	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	105	NON-PROFIT OTHER	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	55.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	78.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	66.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	66.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	51.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	23.0	29.3	37.7
Completely bedfast residents.	1	1.1	1.1	3.4
Residents confined to chairs.	45	51.7	46.9	50.8
Residents requiring restraints.	32	36.8	41.4	41.3
Confused or disoriented residents.	34	39.1	53.3	58.4
Residents with bed sores.	6	6.9	5.6	7.1
Residents receiving special skin care.	25	28.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW TERRACE

Street Address:	City and State:		
428 NORTH 6TH STREET	TOMAHAWK WI 54487		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	58.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	70.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	65.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	65.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	51.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	32.8	29.3	37.7
Completely bedfast residents.	2	3.4	1.1	3.4
Residents confined to chairs.	28	48.3	46.9	50.8
Residents requiring restraints.	21	36.2	41.4	41.3
Confused or disoriented residents.	19	32.8	53.3	58.4
Residents with bed sores.	1	1.7	5.6	7.1
Residents receiving special skin care.	8	13.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST NURSING HOME

Street Address:		City and State:	
100 SCHOOL STREET BOX 1025		TWIN LAKES WI 53181	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	84	PROPRIETARY	07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	70.0	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	70.0	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	70.0	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	66.7	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	66.7	42.0	59.1
Residents on individually written bowel and bladder retraining program.	3	5.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	16.7	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	30	50.0	12.8	39.1
Residents requiring restraints.	20	33.3	20.7	31.7
Confused or disoriented residents.	25	41.7	36.0	55.8
Residents with bed sores.	1	1.7	2.5	4.7
Residents receiving special skin care.	10	16.7	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMILTON MEM HOME

Street Address:		City and State:	
1 HAMILTON DRIVE		TWO RIVERS WI 54241	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	85	NON-PROFIT OTHER	04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	80.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	86.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	75.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	71.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	47.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	27.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	59	71.1	46.9	50.8
Residents requiring restraints.	47	56.6	41.4	41.3
Confused or disoriented residents.	33	39.8	53.3	58.4
Residents with bed sores.	9	10.8	5.6	7.1
Residents receiving special skin care.	35	42.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BADGER PRARIE HEALTH CARE CTR

Street Address:	City and State:		
6748 HWY 18-151	VERONA WI 53593		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	178	LOCAL GOVERNMENT	08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
166	0	151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	59.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	59.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	46.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	28.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	48.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	13	7.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	20.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	21	12.7	46.9	50.8
Residents requiring restraints.	38	22.9	41.4	41.3
Confused or disoriented residents.	132	79.5	53.3	58.4
Residents with bed sores.	2	1.2	5.6	7.1
Residents receiving special skin care.	44	26.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUR WINDS MANOR HOME

Street Address:	City and State:		
303 S JEFFERSON ST	VERONA WI 53593		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	71	PROPRIETARY	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	95.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	94.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	83.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	77.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	67.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	38.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	39	57.4	46.9	50.8
Residents requiring restraints.	43	63.2	41.4	41.3
Confused or disoriented residents.	46	67.6	53.3	58.4
Residents with bed sores.	3	4.4	5.6	7.1
Residents receiving special skin care.	20	29.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHEL HOME

Street Address:		City and State:	
614 S ROCK ST		VIROQUA WI 54665	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	121	NON-PROFIT RELIGIOUS	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	89.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	75.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	66.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	65.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	58	49.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	41.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	25	21.2	46.9	50.8
Residents requiring restraints.	38	32.2	41.4	41.3
Confused or disoriented residents.	76	64.4	53.3	58.4
Residents with bed sores.	4	3.4	5.6	7.1
Residents receiving special skin care.	76	64.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERNON MANOR

Street Address:	City and State:		
RT 3 PO BOX 300	VIROQUA WI 54665		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	120	LOCAL GOVERNMENT	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	92.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	90.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	76.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	61.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	65.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	23.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	48	41.0	46.9	50.8
Residents requiring restraints.	30	25.6	41.4	41.3
Confused or disoriented residents.	54	46.2	53.3	58.4
Residents with bed sores.	8	6.8	5.6	7.1
Residents receiving special skin care.	54	46.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHERN LIGHTS MANOR N H

Street Address:		City and State:	
322 SUPERIOR AVE		WASHBURN WI 54891	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	86	NON-PROFIT OTHER	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	83.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	91.9	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	81.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	84.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	70.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.5	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	43.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	23	26.7	46.9	50.8
Residents requiring restraints.	47	54.7	41.4	41.3
Confused or disoriented residents.	56	65.1	53.3	58.4
Residents with bed sores.	7	8.1	5.6	7.1
Residents receiving special skin care.	23	26.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHESDA LUTHERAN HOME

Street Address:	City and State:		
700 HOFFMAN DR	WATERTOWN WI 53094		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	444	NON-PROFIT PRIVATE	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
376	0	365

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	301	80.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	280	74.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	218	58.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	41.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	219	58.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	57	15.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	130	34.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	99	26.3	46.9	50.8
Residents requiring restraints.	81	21.5	41.4	41.3
Confused or disoriented residents.	26	6.9	53.3	58.4
Residents with bed sores.	9	2.4	5.6	7.1
Residents receiving special skin care.	240	63.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY TERRACE

Street Address:		City and State:	
121 HOSPITAL DRIVE		WATERTOWN WI 53094	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	130	PROPRIETARY	05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
127	8	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	89.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	93.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	85.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	90.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	69.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	30.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	104	81.9	46.9	50.8
Residents requiring restraints.	70	55.1	41.4	41.3
Confused or disoriented residents.	83	65.4	53.3	58.4
Residents with bed sores.	10	7.9	5.6	7.1
Residents receiving special skin care.	48	37.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARQUARDT MEM MANOR

Street Address:	City and State:		
1020 HILL ST	WATERTOWN WI 53094		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	140	NON-PROFIT RELIGIOUS	05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
139	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	84.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	89.9	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	78.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	89.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	72.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	23.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	92	66.2	46.9	50.8
Residents requiring restraints.	87	62.6	41.4	41.3
Confused or disoriented residents.	81	58.3	53.3	58.4
Residents with bed sores.	3	2.2	5.6	7.1
Residents receiving special skin care.	71	51.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WELBOURNE HALL RCF

Street Address:		City and State:	
1301 EAST MAIN STREET		WATERTOWN WI 53094	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	14.0	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	12.8	39.1
Residents requiring restraints.	0	0.0	20.7	31.7
Confused or disoriented residents.	0	0.0	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	0	0.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHVIEW HM

Street Address:		City and State:	
25042 W NORTHVIEW RD		WAUKESHA WI 53188	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	405	NON-PROFIT PRIVATE	07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
358	1	311

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	289	80.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	296	82.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	252	70.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	269	75.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	232	64.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	127	35.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	139	38.8	46.9	50.8
Residents requiring restraints.	178	49.7	41.4	41.3
Confused or disoriented residents.	221	61.7	53.3	58.4
Residents with bed sores.	26	7.3	5.6	7.1
Residents receiving special skin care.	119	33.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE VIRGINIA

Street Address:	City and State:		
1471 WAUKESHA AVENUE	WAUKESHA WI 53186		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	102	PROPRIETARY	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	81.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	82.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	66.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	65.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	70.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	35.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	26	26.0	46.9	50.8
Residents requiring restraints.	47	47.0	41.4	41.3
Confused or disoriented residents.	60	60.0	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	12	12.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTMORELAND MANOR

Street Address:	City and State:		
1810 KENSINGTON DR	WAUKESHA WI 53186		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	245	PROPRIETARY	06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
242	7	166

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	200	82.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	180	74.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	170	70.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	69.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	168	69.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	55	22.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	176	72.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	42	17.4	46.9	50.8
Residents requiring restraints.	105	43.4	41.4	41.3
Confused or disoriented residents.	181	74.8	53.3	58.4
Residents with bed sores.	13	5.4	5.6	7.1
Residents receiving special skin care.	121	50.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WAUNAKEE MANOR HEALTH CARE CENTER

Street Address:		City and State:	
801 KLEIN DRIVE		WAUNAKEE WI 53597	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	1	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	52.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	75.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	70.6	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	75.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	51.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	25.5	29.3	37.7
Completely bedfast residents.	1	1.0	1.1	3.4
Residents confined to chairs.	61	59.8	46.9	50.8
Residents requiring restraints.	59	57.8	41.4	41.3
Confused or disoriented residents.	52	51.0	53.3	58.4
Residents with bed sores.	4	3.9	5.6	7.1
Residents receiving special skin care.	16	15.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY HOME

Street Address:		City and State:	
1226 BERLIN STREET		WAUPACA WI 54981	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	198	NON-PROFIT RELIGIOUS	03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	85.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	84.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	63.6	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	60.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	63.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	19.5	29.3	37.7
Completely bedfast residents.	2	1.7	1.1	3.4
Residents confined to chairs.	54	45.8	46.9	50.8
Residents requiring restraints.	52	44.1	41.4	41.3
Confused or disoriented residents.	67	56.8	53.3	58.4
Residents with bed sores.	2	1.7	5.6	7.1
Residents receiving special skin care.	39	33.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE RIDGE MANOR

Street Address:		City and State:	
1401 CHRUCHILL STREET		WAUPACA WI 54981	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	74.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	60.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	63.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	58.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	10	13.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	15.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	17	23.3	46.9	50.8
Residents requiring restraints.	38	52.1	41.4	41.3
Confused or disoriented residents.	46	63.0	53.3	58.4
Residents with bed sores.	9	12.3	5.6	7.1
Residents receiving special skin care.	17	23.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRISTIAN HOME FOR THE AGED

Street Address:	City and State:		
220 GRANDVIEW AVENUE	WAUPUN WI 53963		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	84	NON-PROFIT RELIGIOUS	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
84	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	67.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	85.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	61.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	100	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	64.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	26.2	29.3	37.7
Completely bedfast residents.	2	2.4	1.1	3.4
Residents confined to chairs.	42	50.0	46.9	50.8
Residents requiring restraints.	32	38.1	41.4	41.3
Confused or disoriented residents.	54	64.3	53.3	58.4
Residents with bed sores.	2	2.4	5.6	7.1
Residents receiving special skin care.	50	59.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR OF WAUSAU

Street Address:		City and State:	
1010 E WAUSAU AVENUE		WAUSAU WI 54401	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	152	PROPRIETARY	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
138	2	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	82.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	80.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	65.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	70.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	54.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	32.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	53	38.4	46.9	50.8
Residents requiring restraints.	50	36.2	41.4	41.3
Confused or disoriented residents.	68	49.3	53.3	58.4
Residents with bed sores.	8	5.8	5.6	7.1
Residents receiving special skin care.	79	57.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARYWOOD CONVALESCENT CENTER

Street Address:		City and State:	
1821 N 4TH AVENUE		WAUSAU WI 54401	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	90	NON-PROFIT PRIVATE	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	93.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	90.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	75.6	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	68.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	60.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	42.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	44	48.9	46.9	50.8
Residents requiring restraints.	51	56.7	41.4	41.3
Confused or disoriented residents.	54	60.0	53.3	58.4
Residents with bed sores.	1	1.1	5.6	7.1
Residents receiving special skin care.	26	28.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH CENTRAL HEALTH CARE FACILITIES

Street Address:		City and State:	
1100 LAKE VIEW DR		WAUSAU WI 54401	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	382	LOCAL GOVERNMENT	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
373	4	312

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	261	70.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	276	74.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	235	63.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	226	60.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	218	58.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	34	9.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	8.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	170	45.6	46.9	50.8
Residents requiring restraints.	112	30.0	41.4	41.3
Confused or disoriented residents.	207	55.5	53.3	58.4
Residents with bed sores.	8	2.1	5.6	7.1
Residents receiving special skin care.	156	41.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WAUSAU MANOR

Street Address:	City and State:		
3107 WESTHILL DRIVE	WAUSAU WI 54401		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	60	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	67.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	31	77.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	67.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	62.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	35.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	17.5	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	6	15.0	46.9	50.8
Residents requiring restraints.	10	25.0	41.4	41.3
Confused or disoriented residents.	19	47.5	53.3	58.4
Residents with bed sores.	3	7.5	5.6	7.1
Residents receiving special skin care.	5	12.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WAUTOMA CARE CENTER

Street Address:		City and State:	
327 SOUTH WAUPACA STREET		WAUTOMA WI 54982	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	84	PROPRIETARY	12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	79.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	79.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	65.4	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	78.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	65.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	42	53.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	34.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	23	29.5	46.9	50.8
Residents requiring restraints.	39	50.0	41.4	41.3
Confused or disoriented residents.	34	43.6	53.3	58.4
Residents with bed sores.	2	2.6	5.6	7.1
Residents receiving special skin care.	7	9.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOME FOR THE AGING INC

Street Address:		City and State:	
7500 WEST NORTH AVENUE		WAUWATOSA WI 53213	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	290	NON-PROFIT PRIVATE	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
290	0	178

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	256	88.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	198	68.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	187	64.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	231	79.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	179	61.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	22.8	29.3	37.7
Completely bedfast residents.	1	0.3	1.1	3.4
Residents confined to chairs.	73	25.2	46.9	50.8
Residents requiring restraints.	161	55.5	41.4	41.3
Confused or disoriented residents.	142	49.0	53.3	58.4
Residents with bed sores.	21	7.2	5.6	7.1
Residents receiving special skin care.	70	24.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILWAUKEE CO MENTAL HLTH CTR

Street Address:		City and State:	
9455 WATERTOWN PLANK RD		WAUWATOSA WI 53226	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	192	LOCAL GOVERNMENT	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
179	0	179

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	47.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	38.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	19.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	16.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	31.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	11	6.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	10.6	29.3	37.7
Completely bedfast residents.	1	0.6	1.1	3.4
Residents confined to chairs.	3	1.7	46.9	50.8
Residents requiring restraints.	11	6.1	41.4	41.3
Confused or disoriented residents.	85	47.5	53.3	58.4
Residents with bed sores.	1	0.6	5.6	7.1
Residents receiving special skin care.	58	32.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILWAUKEE CO MENTAL HLTH REHAB CTR S

Street Address:		City and State:	
801 NORTH 94 STREET		WAUWATOSA WI 53226	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	140	LOCAL GOVERNMENT	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
132	0	132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	66.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	56.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	25.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	12.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	37.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	5.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	2	1.5	46.9	50.8
Residents requiring restraints.	3	2.3	41.4	41.3
Confused or disoriented residents.	58	43.9	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	60	45.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILWAUKEE COUNTY REHAB CTR WEST

Street Address:		City and State:	
10437 WATERTOWN PLANK RD		WAUWATOSA WI 53226	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	220	LOCAL GOVERNMENT	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
206	0	190

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	12.6	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	15	7.3	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	2	1.0	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	1.0	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	5.8	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	12.8	39.1
Residents requiring restraints.	0	0.0	20.7	31.7
Confused or disoriented residents.	11	5.3	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	65	31.6	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST CAMILLUS HEALTH CENTER

Street Address:		City and State:	
10100 WEST BLUEMOUND RD		WAUWATOSA WI 53226	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	188	NON-PROFIT RELIGIOUS	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
181	1	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	167	92.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	171	94.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	167	92.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	92.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	145	80.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	4	2.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	89	49.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	148	81.8	46.9	50.8
Residents requiring restraints.	122	67.4	41.4	41.3
Confused or disoriented residents.	121	66.9	53.3	58.4
Residents with bed sores.	30	16.6	5.6	7.1
Residents receiving special skin care.	82	45.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKLAND HEALTH FACILITY

Street Address:		City and State:	
PO BOX 58		WENTWORTH WI 54894	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	119	LOCAL GOVERNMENT	04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	60.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	52.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	43.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	30.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	47.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	15.9	29.3	37.7
Completely bedfast residents.	1	0.9	1.1	3.4
Residents confined to chairs.	26	24.3	46.9	50.8
Residents requiring restraints.	23	21.5	41.4	41.3
Confused or disoriented residents.	76	71.0	53.3	58.4
Residents with bed sores.	4	3.7	5.6	7.1
Residents receiving special skin care.	34	31.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST NURSING HOME

Street Address:		City and State:	
1467 SOUTH 75TH STREET		WEST ALLIS WI 53214	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	25	PROPRIETARY	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
25	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	64.0	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	10	40.0	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	3	12.0	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	4.0	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	40.0	42.0	59.1
Residents on individually written bowel and bladder retraining program.	1	4.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	12.8	39.1
Residents requiring restraints.	0	0.0	20.7	31.7
Confused or disoriented residents.	17	68.0	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	15	60.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KAPPE NURSING HOME

Street Address:	City and State:		
8300 WEST BELOIT AVENUE	WEST ALLIS WI 53219		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	28	PROPRIETARY	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	0	8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	100	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	10	45.5	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	100	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	45.5	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	13.6	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	4.5	12.8	39.1
Residents requiring restraints.	0	0.0	20.7	31.7
Confused or disoriented residents.	11	50.0	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	0	0.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY JUDE NURSING HOME

Street Address:	City and State:		
9806 W LINCOLN AVE	WEST ALLIS WI 53227		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	51	PROPRIETARY	12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	64.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	90.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	78.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	82.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	58.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	22.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	28	56.0	46.9	50.8
Residents requiring restraints.	34	68.0	41.4	41.3
Confused or disoriented residents.	21	42.0	53.3	58.4
Residents with bed sores.	4	8.0	5.6	7.1
Residents receiving special skin care.	4	8.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
METHODIST MANOR HEALTH CENTER INC

Street Address:		City and State:	
8615 WEST BELOIT RD		WEST ALLIS WI 53214	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	168	NON-PROFIT PRIVATE	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
163	2	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	79.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	137	84.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	127	77.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	75.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	63.2	62.5	68.2
Residents on individually written bowel and bladder retraining program.	24	14.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	22.7	29.3	37.7
Completely bedfast residents.	1	0.6	1.1	3.4
Residents confined to chairs.	74	45.4	46.9	50.8
Residents requiring restraints.	67	41.1	41.4	41.3
Confused or disoriented residents.	84	51.5	53.3	58.4
Residents with bed sores.	10	6.1	5.6	7.1
Residents receiving special skin care.	57	35.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
METHODIST MANOR INC

Street Address:		City and State:	
3023 S 84TH ST		WEST ALLIS WI 53227	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	20	NON-PROFIT PRIVATE	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
19	0	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	100	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	11	57.9	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	2	10.5	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	5.3	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	63.2	42.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	5.3	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	3	15.8	12.8	39.1
Residents requiring restraints.	0	0.0	20.7	31.7
Confused or disoriented residents.	9	47.4	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	0	0.0	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEWOOD NH

Street Address:		City and State:	
3161 S 112TH ST		WEST ALLIS WI 53214	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	23	PROPRIETARY	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	82.6	62.1	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	69.6	51.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	30.4	40.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	39.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	26.1	42.0	59.1
Residents on individually written bowel and bladder retraining program.	4	17.4	2.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	13.8	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	12.8	39.1
Residents requiring restraints.	0	0.0	20.7	31.7
Confused or disoriented residents.	2	8.7	36.0	55.8
Residents with bed sores.	0	0.0	2.5	4.7
Residents receiving special skin care.	2	8.7	18.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	7.9	198	3.6
Each resident is free from mental and physical abuse.	MET	2	5.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	4	10.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	2.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	10.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	3	7.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	2.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	7.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	5.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	4	10.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	21.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	10.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	7.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	10.5	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	10.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	6	15.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOAN OF ANTIDA HOME

Street Address:	City and State:		
6700 W BELOIT RD	WEST ALLIS WI 53219		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	76	NON-PROFIT RELIGIOUS	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	95.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	97.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	77.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	77.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	73.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	39.7	29.3	37.7
Completely bedfast residents.	4	5.9	1.1	3.4
Residents confined to chairs.	45	66.2	46.9	50.8
Residents requiring restraints.	37	54.4	41.4	41.3
Confused or disoriented residents.	45	66.2	53.3	58.4
Residents with bed sores.	3	4.4	5.6	7.1
Residents receiving special skin care.	11	16.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPH'S HOME FOR THE AGED

Street Address:	City and State:		
5301 W LINCOLN AVE	WEST ALLIS WI 53219		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	74	NON-PROFIT RELIGIOUS	04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	90.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	67.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	47.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	57.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	48.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	15.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	16	22.9	46.9	50.8
Residents requiring restraints.	17	24.3	41.4	41.3
Confused or disoriented residents.	52	74.3	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	0	0.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA CLEMENT INC

Street Address:	City and State:		
9047 WEST GREENFIELD AVE	WEST ALLIS WI 53214		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	198	NON-PROFIT RELIGIOUS	04/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
193	5	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	139	72.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	170	88.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	153	79.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	159	82.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	138	71.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	42	21.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	37.8	29.3	37.7
Completely bedfast residents.	2	1.0	1.1	3.4
Residents confined to chairs.	88	45.6	46.9	50.8
Residents requiring restraints.	108	56.0	41.4	41.3
Confused or disoriented residents.	98	50.8	53.3	58.4
Residents with bed sores.	6	3.1	5.6	7.1
Residents receiving special skin care.	38	19.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR LAKE HOME FOR THE AGED

Street Address:		City and State:	
5595 HWY Z		WEST BEND WI 53095	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	415	NON-PROFIT RELIGIOUS	10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
411	0	136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	330	80.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	298	72.5	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	256	62.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	223	54.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	233	56.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	134	32.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	192	46.7	46.9	50.8
Residents requiring restraints.	142	34.5	41.4	41.3
Confused or disoriented residents.	208	50.6	53.3	58.4
Residents with bed sores.	11	2.7	5.6	7.1
Residents receiving special skin care.	156	38.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAMARITAN HOME

Street Address:	City and State:		
531 EAST WASHINGTON STREET	WEST BEND WI 53095		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	251	LOCAL GOVERNMENT	02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
244	4	178

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	213	87.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	208	85.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	181	74.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	188	77.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	173	70.9	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	30.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	184	75.4	46.9	50.8
Residents requiring restraints.	166	68.0	41.4	41.3
Confused or disoriented residents.	182	74.6	53.3	58.4
Residents with bed sores.	23	9.4	5.6	7.1
Residents receiving special skin care.	57	23.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW HEALTH CENTER

Street Address:		City and State:	
902 EAST GARLAND STREET		WEST SALEM WI 54669	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	255	LOCAL GOVERNMENT	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
226	0	198

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	183	81.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	55.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	46.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	54.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	120	53.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	24	10.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	17.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	47	20.8	46.9	50.8
Residents requiring restraints.	41	18.1	41.4	41.3
Confused or disoriented residents.	124	54.9	53.3	58.4
Residents with bed sores.	2	0.9	5.6	7.1
Residents receiving special skin care.	84	37.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MULDER NURSING HOME

Street Address:		City and State:	
713 N LEONARD ST		WEST SALEM WI 54669	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	106	PROPRIETARY	02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
104	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	92.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	97.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	87.5	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	99.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	86.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	39.4	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	82	78.8	46.9	50.8
Residents requiring restraints.	80	76.9	41.4	41.3
Confused or disoriented residents.	64	61.5	53.3	58.4
Residents with bed sores.	5	4.8	5.6	7.1
Residents receiving special skin care.	43	41.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORSELAND NH

Street Address:		City and State:	
323 BLACK RIVER RD		WESTBY WI 54667	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	59	LOCAL GOVERNMENT	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	85.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	89.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	78.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	76.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	87.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	55	100	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	43.6	29.3	37.7
Completely bedfast residents.	1	1.8	1.1	3.4
Residents confined to chairs.	38	69.1	46.9	50.8
Residents requiring restraints.	28	50.9	41.4	41.3
Confused or disoriented residents.	0	0.0	53.3	58.4
Residents with bed sores.	2	3.6	5.6	7.1
Residents receiving special skin care.	42	76.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW MANOR

Street Address:	City and State:		
ROUTE 1	WEYAUWEGA WI 54983		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	103	LOCAL GOVERNMENT	08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	41.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	38.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	33.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	34.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	34.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	39	38.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	8.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	17	16.8	46.9	50.8
Residents requiring restraints.	29	28.7	41.4	41.3
Confused or disoriented residents.	43	42.6	53.3	58.4
Residents with bed sores.	5	5.0	5.6	7.1
Residents receiving special skin care.	48	47.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEYAUWEGA HEALTH CARE CENTER

Street Address:	City and State:		
717 EAST ALFRED P O BOX 440	WEYAUWEGA WI 54983		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	60.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	77.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	60.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	57.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	52.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	25.0	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	54	54.0	46.9	50.8
Residents requiring restraints.	18	18.0	41.4	41.3
Confused or disoriented residents.	39	39.0	53.3	58.4
Residents with bed sores.	4	4.0	5.6	7.1
Residents receiving special skin care.	18	18.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TREMPEALEAU COUNTY HLTH CARE CTR

Street Address:		City and State:	
RFD #2 BOX 150		WHITEHALL WI 54773	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	167	LOCAL GOVERNMENT	11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
157	0	150

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	55.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	41.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	21.7	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	20.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	26.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	9.6	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	16	10.2	46.9	50.8
Residents requiring restraints.	1	0.6	41.4	41.3
Confused or disoriented residents.	136	86.6	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	40	25.5	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRI-COUNTY MEM NURS HOME

Street Address:		City and State:	
1801 LINCOLN ST		WHITEHALL WI 54773	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	68	NON-PROFIT OTHER	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	84.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	82.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	75.0	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	81.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	84.4	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	23.4	29.3	37.7
Completely bedfast residents.	2	3.1	1.1	3.4
Residents confined to chairs.	47	73.4	46.9	50.8
Residents requiring restraints.	31	48.4	41.4	41.3
Confused or disoriented residents.	39	60.9	53.3	58.4
Residents with bed sores.	3	4.7	5.6	7.1
Residents receiving special skin care.	44	68.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRHAVEN CORPORATION

Street Address:	City and State:		
435 STARIN ROAD	WHITEWATER WI 53190		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	84	NON-PROFIT OTHER	06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	56.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	79.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	59.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	60.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	55.6	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	30.9	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	25	30.9	46.9	50.8
Residents requiring restraints.	37	45.7	41.4	41.3
Confused or disoriented residents.	45	55.6	53.3	58.4
Residents with bed sores.	2	2.5	5.6	7.1
Residents receiving special skin care.	25	30.9	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILD ROSE MANOR

Street Address:		City and State:	
PO BOX 295		WILD ROSE WI 54984	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	84	PROPRIETARY	07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	85.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	91.0	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	67.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	71.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	82.1	62.5	68.2
Residents on individually written bowel and bladder retraining program.	18	23.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	30.8	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	16	20.5	46.9	50.8
Residents requiring restraints.	44	56.4	41.4	41.3
Confused or disoriented residents.	51	65.4	53.3	58.4
Residents with bed sores.	8	10.3	5.6	7.1
Residents receiving special skin care.	44	56.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHERWOOD CARE CENTER

Street Address:	City and State:		
146 CLOVER - P O BOX 310	WILLIAMS BAY WI 53191		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	84	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	89.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	89.2	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	89.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	87.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	86.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	74	100	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	35.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	58	78.4	46.9	50.8
Residents requiring restraints.	47	63.5	41.4	41.3
Confused or disoriented residents.	56	75.7	53.3	58.4
Residents with bed sores.	7	9.5	5.6	7.1
Residents receiving special skin care.	74	100	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK VIEW HEALTH CENTER PLEASANT ACRES

Street Address:		City and State:	
725 BUTLER AVENUE		WINNEBAGO WI 54985	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	210	LOCAL GOVERNMENT	10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
198	0	173

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	168	84.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	167	84.3	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	151	76.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	181	91.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	138	69.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	49	24.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	36.4	29.3	37.7
Completely bedfast residents.	6	3.0	1.1	3.4
Residents confined to chairs.	118	59.6	46.9	50.8
Residents requiring restraints.	52	26.3	41.4	41.3
Confused or disoriented residents.	122	61.6	53.3	58.4
Residents with bed sores.	9	4.5	5.6	7.1
Residents receiving special skin care.	54	27.3	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW HEALTH CENTER-REHAB PAVILION

Street Address:		City and State:	
725 BUTLER AVE		WINNEBAGO WI 54985	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	153	LOCAL GOVERNMENT	10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
135	0	130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	57.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	60.7	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	53.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	54.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	53.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	22.2	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	23	17.0	46.9	50.8
Residents requiring restraints.	26	19.3	41.4	41.3
Confused or disoriented residents.	78	57.8	53.3	58.4
Residents with bed sores.	0	0.0	5.6	7.1
Residents receiving special skin care.	51	37.8	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONTINENTAL MANOR OF WISCONSIN DELLS

Street Address:		City and State:	
300 RACE STREET		WISCONSIN DELLS WI 53965	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	1	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	62.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	81.8	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	75.8	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	74.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	54.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	27.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	38	38.4	46.9	50.8
Residents requiring restraints.	48	48.5	41.4	41.3
Confused or disoriented residents.	41	41.4	53.3	58.4
Residents with bed sores.	1	1.0	5.6	7.1
Residents receiving special skin care.	1	1.0	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAMILY HERITAGE HOME

Street Address:	City and State:		
130 STRAWBERRY LANE	WISCONSIN RAPIDS WI 54494		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	165	PROPRIETARY	02/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
146	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	42.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	66.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	126	86.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	66.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	55.5	62.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	39.0	29.3	37.7
Completely bedfast residents.	1	0.7	1.1	3.4
Residents confined to chairs.	64	43.8	46.9	50.8
Residents requiring restraints.	42	28.8	41.4	41.3
Confused or disoriented residents.	69	47.3	53.3	58.4
Residents with bed sores.	7	4.8	5.6	7.1
Residents receiving special skin care.	58	39.7	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW MANOR

Street Address:		City and State:	
921 3RD STREET SOUTH		WISCONSIN RAPIDS WI 54494	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	118	NON-PROFIT OTHER	07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	11	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	74.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	88.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	81.6	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	78.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	65.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	10	8.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	33.3	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	47	41.2	46.9	50.8
Residents requiring restraints.	32	28.1	41.4	41.3
Confused or disoriented residents.	37	32.5	53.3	58.4
Residents with bed sores.	14	12.3	5.6	7.1
Residents receiving special skin care.	23	20.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMME HOME FOR THE AGING

Street Address:		City and State:	
WEBB ST		WITTENBERG WI 54499	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	136	NON-PROFIT RELIGIOUS	05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	0	106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	79.1	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	67.2	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	67.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	56.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	26.9	29.3	37.7
Completely bedfast residents.	5	3.7	1.1	3.4
Residents confined to chairs.	85	63.4	46.9	50.8
Residents requiring restraints.	71	53.0	41.4	41.3
Confused or disoriented residents.	77	57.5	53.3	58.4
Residents with bed sores.	6	4.5	5.6	7.1
Residents receiving special skin care.	3	2.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DR KATE NEWCOMB CONV CTR

Street Address:	City and State:		
310 ELM ST PO BOX 829	WOODRUFF WI 54568		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	65	NON-PROFIT OTHER	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	71.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	58	92.1	78.0	83.2
Toileting Residents requiring some or total assistance in toileting.	46	73.0	67.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	98.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	68.3	62.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	42.9	29.3	37.7
Completely bedfast residents.	2	3.2	1.1	3.4
Residents confined to chairs.	50	79.4	46.9	50.8
Residents requiring restraints.	29	46.0	41.4	41.3
Confused or disoriented residents.	33	52.4	53.3	58.4
Residents with bed sores.	2	3.2	5.6	7.1
Residents receiving special skin care.	50	79.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DR KATE'S WOODLAND MANOR

Street Address:	City and State:		
P O BOX 859	WOODRUFF WI 54568		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	61	NON-PROFIT OTHER	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	86.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	86.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	83.1	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	96.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	78.0	62.5	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	27.1	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	19	32.2	46.9	50.8
Residents requiring restraints.	38	64.4	41.4	41.3
Confused or disoriented residents.	57	96.6	53.3	58.4
Residents with bed sores.	9	15.3	5.6	7.1
Residents receiving special skin care.	26	44.1	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK VIEW HOME

Street Address:		City and State:	
220 LOCKWOOD ST		WOODVILLE WI 54028	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	61	NON-PROFIT OTHER	09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	86.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	77.4	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	67.9	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	71.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	69.8	62.5	68.2
Residents on individually written bowel and bladder retraining program.	13	24.5	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	54.7	29.3	37.7
Completely bedfast residents.	0	0.0	1.1	3.4
Residents confined to chairs.	12	22.6	46.9	50.8
Residents requiring restraints.	22	41.5	41.4	41.3
Confused or disoriented residents.	32	60.4	53.3	58.4
Residents with bed sores.	2	3.8	5.6	7.1
Residents receiving special skin care.	41	77.4	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBIA COUNTY HOME

Street Address:		City and State:	
P O BOX 895		WYOCENA WI 53969	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	150	LOCAL GOVERNMENT	06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
147	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	139	94.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	117	79.6	78.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	67.3	67.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	74.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	70.7	62.5	68.2
Residents on individually written bowel and bladder retraining program.	120	81.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	25.9	29.3	37.7
Completely bedfast residents.	2	1.4	1.1	3.4
Residents confined to chairs.	58	39.5	46.9	50.8
Residents requiring restraints.	84	57.1	41.4	41.3
Confused or disoriented residents.	20	13.6	53.3	58.4
Residents with bed sores.	18	12.2	5.6	7.1
Residents receiving special skin care.	140	95.2	33.3	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	2.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	24	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	17	4.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	42	10.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	65	16.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.5	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	21	5.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	82	21.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	21	5.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	19	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	12	3.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	4.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	60	15.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	53	13.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	88	22.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	8.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	4.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	50	12.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	9.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	43	11.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	3.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	24	6.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	40	10.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	61	15.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	65	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	0.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	30.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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